

10/686520

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.:	FILED DATE
APPLICANT(S)	

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP	
1	/						51	/					
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61	/					
12							62						
13							63						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND. 2						TOTAL IND.							
TOTAL DEP. 59						TOTAL DEP.							
TOTAL CLAIMS 61						TOTAL CLAIMS							